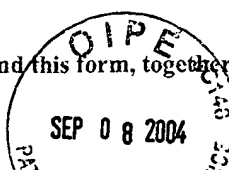


09-09-04  
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or indicated otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

06/10/2004

Cameron Kerrigan  
Squire, Sanders & Dempsey L.L.P.  
Suite 300  
One Maritime Plaza  
San Francisco, CA 94111

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Patricia Gamble	(Depositor's name)
<i>Patricia Gamble</i>	(Signature)
September 7, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/066,505	01/31/2002	Satoshi Haneda	56232.17 [4993]	6228

TITLE OF INVENTION: IMAGE FORMING METHOD USING FLATTENED SPHEROIDAL TONER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RODEE, CHRISTOPHER D	1756	430-124000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Squire Sanders &  
2. Dempsey  
3. \_\_\_\_\_

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Konica Corporation

Tokyo

JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent);

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☒ Publication Fee  
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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *Charles E. Runyan* (Date) 09/07/04

Charles E. Runyan, Jr. Reg. No. 43,066

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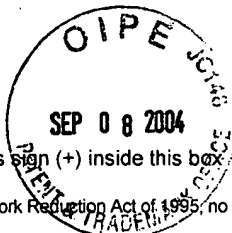
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03 FC:8001 6.00 DA

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PTO/SB/21 (08-03)

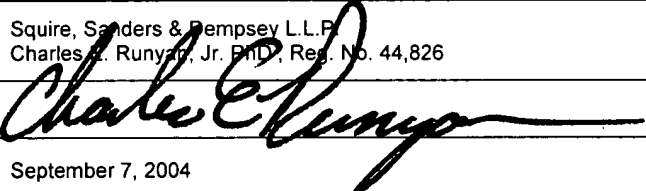
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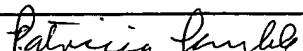
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/066,505	
	<b>Filing Date</b>	January 31, 2002	
	<b>First Named Inventor</b>	Satoshi Haneda	
	<b>Group Art Unit</b>	1756	
	<b>Examiner Name</b>	Christopher D. Rodee	
<b>Total Number of Pages in This Submission</b>	4	<b>Attorney Docket Number</b>	56232.17

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Correspondence to the Examiner	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Declaration Under 37 C.F.R. § 1.131 (executed)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Response to Office Action	<input checked="" type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Amendment Transmittal Letter (in duplicate) (1 page)	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE)	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Petition for Extension of Time (___ months) (in duplicate) (1 page)	<input checked="" type="checkbox"/> *Fee Address* Indication Form,	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Charles E. Runyan, Jr. PhD, Reg. No. 44,826
Signature	
Date	September 7, 2004

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: September 7, 2004			
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Signature		Date	September 7, 2004